

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL**

Section 3.8 Outreach, Engagement, Re-Engagement and Closure

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3.8.1 Introduction

The activities described within this section are an essential element of clinical practice. Outreach to vulnerable populations, establishing an inviting and non-threatening clinical environment and re-establishing contact with persons who have become temporarily disconnected from services are critical to the success of any therapeutic relationship.

This section addresses four critical activities that behavioral health providers must incorporate when delivering services within Arizona's public behavioral health system:

- Expectations for outreach activities directed to persons who are at risk for the development or emergence of behavioral health disorders;
- Expectations for the engagement of persons seeking or receiving behavioral health services;
- Procedures to re-engage enrolled persons who have withdrawn from participation in the treatment process; and
- Conditions necessary to disenroll a person from the behavioral health system.

3.8.2 References

- [A.R.S. Title 36, Chapter 5](#)
- [R9-21-302](#)
- [AHCCCS/ADHS Contract](#)
- [ADHS/T/RBHA Contract](#)
- [SMI Eligibility Determination Section](#)
- [Co-payments Section](#)
- [Disclosure of Behavioral Health Information Section](#)
- [Pre-Petition Screening, Court Ordered Evaluation and Treatment Section](#)
- [Transition of Persons Section](#)
- [Enrollment, Disenrollment and Other Data Submission Section](#)
- [Coordination of Care with AHCCCS Health Plans and PCPs Section](#)
- [Substance Abuse Prevention and Treatment Performance Partnership Block Grant](#)

3.8.3 Scope

To Whom Does This Apply?

All persons receiving behavioral health services.

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3.8.4 Did you know...?

Most of the behavioral health conditions for which we provide services are not “cured” in the manner that many acute care concerns may be resolved. Behavioral health needs and symptoms wax and wane over time, and more often than not, recur or intensify as life stressors increase. As such, it is most prudent and effective to consider behavioral health service provision from a “disease management” perspective rather than a narrowed perspective where care may be discontinued as soon as signs of illness are no longer observed. Ongoing supportive services that strengthen resiliency, promote skills development against future environmental assaults, and encourage and maintain natural supports should be continued beyond the resolution of immediate symptoms. Premature disenrollment from the behavioral health system is neither efficient nor clinically sound.

3.8.5 Objectives

The objective of this section is to describe requirements for behavioral health providers to:

- Attempt to actively engage all persons seeking or receiving behavioral health services to the maximum extent, to re-engage persons who withdraw from treatment and, when appropriate, to disenroll persons no longer receiving services; and
- Inform behavioral health providers about various outreach activities that are performed by T/RBHAs to communicate information about the availability and accessibility of behavioral health services to individuals and the community at-large.

3.8.6 Procedures

3.8.6-A: Outreach

Overview of Outreach Activities

The behavioral health system must provide outreach activities to inform the public of the benefits and availability of behavioral health services. T/RBHAs must disseminate information to the general public, other human service providers, school administrators and teachers and other interested parties regarding behavioral health services available to eligible persons.

What kind of outreach activities are T/RBHAs typically involved with?

Outreach activities conducted by the T/RBHAs may include, but are not limited to:

- Participation in local health fairs or health promotion activities;
- Involvement with local school districts;
- Routine contact with AHCCCS health plan behavioral health coordinators and/or primary care providers;
- Development of homeless outreach capacity;
- Publication and distribution of informational materials;
- Liaison activities with local and county jails;
- Routine interaction with agencies that have contact with substance abusing pregnant women;
- Development and implementation of outreach programs that identify persons with co-morbid medical and behavioral health disorders and those who may be seriously mentally ill within the T/RBHAs geographic service area, including persons that reside in jails, homeless shelters or other settings; and
- Provision of information to mental health advocacy organizations.

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3.8.6-B: Engagement

- T/RBHAs or their subcontracted providers must should actively engage the following in the treatment planning process:
 - The individual;
 - The individual's family/significant others, if applicable and amenable to the person; and
 - Other agencies/providers as applicable.
- Behavioral health providers should provide a courteous, welcoming environment that provides persons with the opportunity to explore, identify and achieve their personal goals.
- Behavioral health providers should engage persons in an empathic, hopeful and welcoming manner during all contacts.
- Persons should receive culturally relevant care that addresses and respects language, customs, and values and is responsive to the person's unique family, culture, traditions, strengths, age and gender.
- Behavioral health providers should be aware of and seek to gain an understanding of persons with different disorders and characteristics.
- Behavioral health providers should display sensitivity to, and respect for, various cultural influences and backgrounds (e.g., ethnic, racial, gender, sexual orientation and socio-economic class).
- Behavioral health providers should establish an empathic service relationship in which the person experiences the hope of recovery and is considered to have the potential to achieve recovery while developing hopeful and realistic expectations.
- Behavioral health providers should demonstrate the ability to have persons, family members and other service providers feel welcome as collaborators in the treatment planning and implementation process.
- Behavioral health providers should demonstrate the desire and willingness to include the person's viewpoint and to regularly validate the daily courage needed to recover from persistent and relapsing disorders.
- Behavioral health providers should assist in establishing and maintaining the person's motivation for recovery.
- Behavioral health providers should provide information on available services and assist the person and family on identifying services that go toward meeting the person's goals.

[T/RBHA insert language here]

3.8.6-C: Re-engagement

Behavioral health providers must attempt to re-engage enrolled persons who have withdrawn from participation in the treatment process, refused services or failed to appear for a scheduled service. The behavioral health provider must attempt to re-engage the person by:

- Contacting the person or legal guardian by telephone, at times when the person may reasonably be expected to be available (i.e., after work or school);
- Contacting the person or legal guardian face-to-face, if telephone contact is insufficient to determine acuity and risk;
- Sending a letter requesting contact if all attempts at personal contact are unsuccessful, except when a letter is contraindicated due to safety concerns (e.g., domestic violence) or confidentiality issues.

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If the above activities are unsuccessful, the behavioral health provider must make further attempts to re-engage the persons identified as seriously mentally ill (SMI), children, pregnant substance abusing women, or any person determined to be at risk of relapse, decompensation, deterioration or potential harm to self or others by:

- Contacting family members, neighbors, law enforcement, other state agencies or others who may have information on the person's location and condition to the extent allowed by state and federal confidentiality laws (see [Section 4.1, Disclosure of Behavioral Health Information](#));
- Initiating the pre-petitioning or petitioning for treatment process described in [Section 3.18, Pre-petition Screening, Court Ordered Evaluation and Treatment](#) if the person appears to meet clinical standards as a danger to self, a danger to others, persistently or acutely disabled or gravely disabled.

Follow-up after special events

Behavioral health providers must also conduct follow-up activities to maintain engagement within the following timeframes for persons:

- Discharged from inpatient services within a timeframe based upon the person's clinical needs ideally within 7 days, but no later than 30 days;
- Involved in a behavioral health crisis within timeframes based upon the person's clinical needs but no later than seven days;
- Refusing prescribed psychotropic medications within timeframes based upon the person's clinical needs and individual history; and
- Released from local and county jails within 72 hours.

[T/RBHA insert language here]

3.8.5-D: Disenrollment of a person enrolled in the behavioral health system

Under certain circumstances, it may be appropriate or necessary to disenroll a person from services. Disenrollment can occur due to administrative or clinical factors involving the enrolled person. The disenrollment of Title XIX/XXI persons must be communicated to the persons PCP in accordance with [Section 4.3, Coordination of Care with AHCCCS Health Plans](#) and Primary Care Providers.

Clinical Factors

- **Treatment Completed:**

Persons must be disenrolled upon completion of treatment. Prior to disenrolling a person following the completion of treatment, the behavioral health provider and the person, parent or legal guardian must mutually agree that behavioral health services are no longer needed.

- **Person Declines Further Treatment:**

A person must be disenrolled from services if the person, parent or legal guardian makes a decision to refuse ongoing behavioral health services. Prior to disenrolling a person for declining further treatment, the behavioral health provider must ensure the following:

- The behavioral health provider conducts all applicable re-engagement activities described in section 3.8-C. above; and

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- Determines the person does not meet clinical standards for initiating the pre-petitioning or petitioning for treatment process described in [Section 3.18, Pre-petition Screening, Court Ordered Evaluation and Treatment](#).
- Lack of Contact:
A person may be disenrolled if the T/RBHA or behavioral health provider is unable to locate or make contact with the person after ensuring the following:
 - The T/RBHA or behavioral health provider conducts all applicable re-engagement activities described in section 3.8-C. above.

Administrative factors

- Changes in eligibility/entitlement information including:
 - Loss of Title XIX/XXI eligibility, if other funding is not available to continue services;
 - Persons who become or are enrolled as elderly or physically disabled (EPD) under the Arizona Long Term Care System (ALTCS) must be disenrolled from the T/RBHA after ensuring appropriate coordination and continuity of care with the ALTCS program contractor. (Not applicable for developmentally delayed ALTCS members (DD/ALTCS) whose behavioral health treatment is provided through the T/RBHA system. An EPD ALTCS eligible persons may remain enrolled with the T/RBHA if the person has been determined to be seriously mentally ill and will continue to receive non-Title XIX covered SMI services through the T/RBHA;
 - Enrolled persons must be disenrolled and immediately re-enrolled following circumstances that result in a change in behavioral health category assignment as described in [Section 7.5, Enrollment, Disenrollment and Other Data Submission](#). Examples of circumstances that may warrant a change in behavioral health category assignment include:
 - An enrolled person turns age 18; or
 - An enrolled person is later determined to meet criteria as a person with SMI; or
 - Any other circumstances that result in a change of an enrolled persons' behavioral health category assignment;
 - Behavioral health providers may disenroll non-Title XIX/XXI persons for non-payment of assessed co-payments per [Section 3.4, Copayments](#), under the following conditions:
 - The person is not eligible as seriously mentally ill (SMI) per [Section 3.10, SMI Eligibility Determination](#); and
 - After attempting reasonable options to resolve the situation, including informal discussions with the person.
- Moves Out of Area and Inter-RBHA Transfers
 - A person who relocates out-of-state must be disenrolled. This does not apply to persons placed out-of-state by the T/RBHA or DES/DCYF for purposes of providing behavioral health treatment; and
 - A person who relocates to another geographic service area and requires ongoing behavioral health services must be disenrolled and services transitioned per [Section 3.17, Transition of Persons](#).

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- Committed to the Arizona Department of Corrections
 - A person age 18 or older must be disenrolled upon acknowledgement that the person has been placed in the long-term control and custody of a correctional facility.
- Death of a Person
 - A person must be disenrolled from the T/RBHA following acknowledgement that the person is deceased, effective on the date of the death.

Crisis Episodes

For persons who are enrolled as a result of a crisis episode, the person may be disenrolled if the following conditions have been met:

- The behavioral health provider conducts all applicable re-engagement activities described in section 3.8.5-C. above and such attempts are unsuccessful; or
- The behavioral health provider and the person, parent or legal guardian mutually agree that ongoing behavioral health services are not needed.

One Time Consultations

For persons who are enrolled for the purpose of a one time consultation as described in Section 4.3, Coordination of Care with AHCCCS Health Plans and PCPs, the person may be disenrolled if the behavioral health provider and the person, parent or legal guardian mutually agree that ongoing behavioral health services are not needed.

Data Submission

Behavioral health providers must follow all applicable data submission procedures as described in [Section 7.5, Enrollment, Disenrollment and Other Data Submission](#) following a decision to disenroll a person from the behavioral health system.

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